

Attention Deficit Hyperactivity Disorder - ADHD

ADHD or Attention Deficit Hyperactivity Disorder is a behavioural condition that makes focusing on everyday tasks challenging. People with ADHD typically have trouble getting organized, staying focused, making realistic plans and thinking before acting. They may be fidgety, noisy and unable to adapt to changing situations.

When it comes to ADHD, one diagnosis or treatment does not fit everyone as we are all different. The American Psychiatric Association (APA) has identified three types. Each have their own different symptoms, and treatments based on those symptoms.

Causes

Genetics

ADHD tends to run in families and, in most cases, it's thought the genes you inherit from your parents are a significant factor in developing the condition. Research shows that parents and siblings of a child with ADHD are more likely to have ADHD themselves. However, the way ADHD is inherited is likely to be complex and is not thought to be related to a single genetic fault.

Brain Function and Structure

Research has identified a number of possible differences in the brains of people with ADHD from those without the condition, although the exact significance of these is not clear. For example, studies involving brain scans have suggested that certain areas of the brain may be smaller in people with ADHD, whereas other areas may be larger. Other studies have suggested that people with ADHD may have an imbalance in the level of neurotransmitters in the brain, or that these chemicals may not work properly.

Groups at Risk

Certain groups are also believed to be more at risk of ADHD, including people:

- who were born prematurely (before the 37th week of pregnancy) or with a low birthweight
- with epilepsy or a seizure – which happened either in the womb or after a severe head injury later in life

Symptoms

Inattentive Type

- * Not paying attention to detail
- * Making careless mistakes
- * Failing to pay attention and complete tasks
- * Not listening
- * Being unable to follow and/or understand instructions
- * Avoiding tasks that involve effort
- * Being distracted
- * Being forgetful
- * Losing things that

Hyperactivity

- * Fidgeting
- * Squirming
- * Getting up often when seated
- * Running or climbing at inappropriate times
- * Having trouble playing quietly
- * Talking too much
- * Talking out of turn or blurting out
- * Interrupting
- * Often "on the go" as if "driven by a

Combined Type

ADHD tends to show up as predominantly inattentive or predominately hyperactive-impulsive.

When someone has six or more symptoms of each type, they have combined type ADHD.

ADHD and Co-morbidity

Comorbidity is the medical term for two or more disorders that occur at the same time. In general, individuals affected by ADHD often have other behaviour disorders that impact their ability to function successfully. The comorbidity of ADHD with other disorders is between 60% and 80%.

When comorbid conditions are present, it can make the diagnosis of ADHD much more difficult to pinpoint and the symptoms harder to treat. Some comorbid disorders that commonly occur alongside ADHD are;

- Oppositional Defiant Disorder, Depression, Anxiety, Bipolar Disorder, Conduct Disorder, Sensory Integration Disorder, Learning Disorder and Early Speech/Communication problems

Oppositional Defiant Disorder

Symptoms occur in as many as 21% to 60% of children with ADHD. ODD symptoms tend to occur more often with people whom the child is close to or knows well. Some symptoms include; Arguing with adults or refusing to comply with rules, Frequent periods of anger, deliberately annoying others and blaming others for his/hers mistakes.

Depression

10 to 30% of children with ADHD have a co-occurring mood disorder such as depression. Children demonstrate different symptoms to adults when depressed such as children may show extreme impulsive and hyperactive behaviour as well as irritability.

Anxiety

Approximately 25% of individuals with ADHD also have anxiety disorders. Symptoms may include; Unpredictable mood swings, Excessive irritability, frequent angry outbursts and low self-esteem, particularly when individuals with ADHD start to recognize their own limitations in comparison to others. Individuals may also have frequent school absenteeism, unwillingness to attempt new tasks and a sense of resignation regarding their decreased ability to perform various tasks.

Learning Disorder



Over 50% of all children with ADHD also have a learning disorder. Learning disabilities are specific disorders that affect one of the four primary steps needed for learning:

- Recording information; Input e.g., Visual or auditory perception problems.
- Understanding information; Integration e.g., sequencing and organizing problems.
- Storing information; placing information into memory.
- Retrieving information; Memory e.g., the immediate recall of recently learned information.

Although ADHD may globally interfere with the success of these steps, it is the **impulsivity, hyperactivity and distractibility that interfere with the learning process**, not a specific disorder that impacts one of these steps.

An inability to sustain attention resulting from ADHD, combined with a learning disorder can make school very challenging and frustrating for children.

Autism Spectrum Condition

Autism is a condition of childhood that is characterized by extreme impairments in social interaction and communication problems combined with dramatically limited activities and interests.

Similarities between autism spectrum disorders and ADHD **can lead to early childhood diagnoses that suggest both are present**. As the child ages, however, differences become more distinct and one disorder or the other often emerges as the true condition.

Children with autism typically **become more withdrawn and continue to have absent or poor social skills**. Any hyperactivity that is present may be mitigated by environmental changes (e.g., adhering to a strict routine).

In contrast, children with ADHD **rarely calm down without medication**, even though their social and communication skills can eventually catch up to their peers. These developmental differences in the ongoing symptoms in each disorder aid in distinguishing between the two.

Conduct Disorder

25% to 40% of children with an ADHD diagnosis that includes hyperactivity also meet the criteria for Conduct Disorder. The rate of conduct disorder in those ADHD children without hyperactivity is significantly lower.

Conduct disorder involves serious behaviours such as: Aggression towards people or animals, destruction of property, deceitfulness or theft and serious violations of rules e.g., staying out late at night, running away from home or skipping school.



Emotional Dysregulation

Individuals with emotional reactivity experience intense emotions more frequently and for longer durations. They have significant skills deficit in emotion regulation. Individuals with severe emotion dysregulation are often misdiagnosed with rapid-cycling bi-polar disorder due to the extreme mood lability.

Symptoms include

- Severe depression
- Anxiety
- High levels of shame and anger
- Self-harm
- Excessive substance use
- High-risk sexual behaviours
- Extreme perfectionism
- Highly conflictual interpersonal relationships
- Disordered eating
- Suicidal thoughts or attempts

Bipolar Disorder

Bipolar is not common with adolescents. Research and statistics report that the rate of bipolar disorder in adolescents is 1 out of 100. Bipolar is normally diagnosed in late teens/early adulthood. It can present with similar symptoms to emotional dysregulation. There is a strict criterion for Bipolar for diagnosis.

- Feel very happy or act silly in a way that's unusual for them and for other people their age
- Have a very short temper
- Talk really fast about a lot of different things
- Have trouble sleeping but not feel tired
- Have trouble staying focused
- Talk and think about sex more often
- Do risky behaviour

Need to be careful as these symptoms can be related to emotional dysregulation.

How to help

Approaching ADHD

A diagnosis of ADHD can be an opportunity for teachers, students and parents to start again and build a better relationship. As with all good relationships, the keys are to understand the needs of others and to recognise the problems that they face.

	<p>When people understand that ADHD is not an excuse but an explanation of why the student behaves in a different way, this provides an opportunity to develop new methods for improved learning and development. This co-operative effort between all teachers, parents and all concerned with the welfare of the student will be of great benefit, when old attitudes of 'them and 'us' become 'we'.</p> <p>Having ADHD is not about "shame or blame" but that there is a medical reason for the student's performance and development. No one is at fault, neither the student nor parents. As a result:</p> <ul style="list-style-type: none"> • Try to assure both parents and student that you have an understanding of the issues of ADHD • Inform all colleagues, support staff and lunch assistants of the student's difficulties so that everyone can prepare and adopt a consistent approach; this is an opportunity to have a fresh start and for everyone to be proactive rather than reactive • Try talking regularly with the parents and the student, to let them feel you are concerned about how they are feeling and coping
<p>Concentration</p>	<ul style="list-style-type: none"> • Seat the child near the teacher BUT include them as part of the regular class. • Place the child up front with his/her back to the rest of the class, keeping others out of view. • Avoid distracting stimuli. • Try not to place the child near heater, doors or windows or other potential distractions. • If the student fidgets constantly, consider items such as stress ball, tangle or other fidget toy the child could use to help them concentrate better by increasing their physical stimulation in situations where they cannot move around.
<p>Organisation</p>	<p>Developing a sequence of events is important so students can learn how to get organised. They need to understand that things are meant to happen in a certain order. Always begin with a simple overview of what you want them to achieve. Then create a framework with simple steps so that the student knows what is meant to happen next. For some students it helps them to say out loud what they are about to do next.</p>

	<ul style="list-style-type: none"> • For daily routines, stick a timetable to their desk. • When they are working on projects, draw up a checklist to ensure every point is cover. • To avoid confusion, don't give them more than one assignment at a time. • Overall, concentrate on teaching them not what to learn, but how to learn it
<p>Memory Weakness</p>	<ul style="list-style-type: none"> • Encourage your student to connect information or concepts being presented; for example, they're more likely to remember that someone who had six wives and was a famous English King and is called Henry is a Horrid Henry, as in the book series when they think of them. • Mnemonics can also be useful for remembering important facts. • Repeat directions individually. • Use visual maps. • Colour code their homework diary. • Use flash cards • Make reminders and lists. Post it notes, student diaries and taping instructions to their book bags can all serve as memory prompts. With adolescents it's a good idea to plan things with them in advance. You can also draw up a checklist of things to do.
<p>Homework</p>	<p>It takes a student with ADHD about three times as long to do the same assignment in the home environment compared with school setting. With this in mind, the following options should be considered for students with ADHD regarding homework:</p> <ol style="list-style-type: none"> 1) Can homework be reduced or differentiated? Is the homework really necessary and if so can the amount or style be adapted? One word answers rather than essays or multiple choice answers for maths? 2) Rewards for doing more? When extended assignments are necessary, could the school provide extra incentives for the student with ADHD to complete the task as this can help provide additional focus task. 3) Could writing requirements be reduced by using technology? Writing tends to be difficult for students with

	<p>ADHD. Encourage the use of technology to assist homework process.</p> <p>4) Can students stay at school to finish homework or complete it during the day? It may be more productive to have the student complete homework tasks at school where there are fewer distractions and more structure.</p>
<p>Instructions</p>	<p>You will often need to address students with ADHD in the clearest possible way. For example:</p> <ul style="list-style-type: none"> • Always address the student by name • Keep all instructions short and simple e.g., "Pick up your books please" • Try to make eye contact wherever possible æ Speak clearly and concisely, and maintain an even tone • Don't ask why, say (for example) what should you be doing now? • Also use when, then and either or; for example, "Nathan when you have put the book away then you can have a drink, when you have put the chair under the table then you can go" • Then give your instructions in a simple step-by-step way, pausing between each step and perhaps giving them the chance to do each activity •
<p>Time out or take a break</p>	<p>There will be occasions when the student is so unruly and awkward that they need to have time away from other students. The idea of taking time out or taking a break is to have a stimuli-free place, perhaps a quiet corner in the classroom where the student goes for a short period of time. This should not exceed a time span which is more in minutes than the age of the student; e.g., if the student is 5 years old 5 minutes should suffice.</p> <p>This place could be called the 'thinking space' or 'the time away corner'. This technique can also be used with older students to create some head space. Allow no conversation or involvement while the student is there. When the time is up, move on with the lesson and do not refer to the recent issue. The slate is clean. It's important that you welcome the student back into the class with warmth and carry on as usual. You could also suggest the student goes to the 'thinking space' if they feel they need to.</p>

<p>ODD Behaviour</p>	<ul style="list-style-type: none"> • Have clear expectations of academic and development targets and agreed rewards and consequences. • Make sure they are clear that they are responsible for their actions no matter “that she started it”, “I’m tired” etc. • Be consistent in your approach and handle disruptions with a response that includes not emotion and not too much talking. Consider non aggressive body language and offer the student an escape hatch to calm down. • If it’s not working in class get to know them better. “Everybody has a price” and “everybody listens to someone” find out what motivates them and who has influence with them. • It’s not behaviour management, it’s mood management – their mood, your mood and the mood of others. Analyse your own mood and don’t take it personally.
<p>Difficulty with peers during and outside the classroom</p>	<p>Students with ADHD are easy to distract and often overreact to teasing and bullying. Try to help them not to respond to teasing and make sure that other students are aware that they may be more sensitive to this type of development than other students in the class. It may help to structure break time and lunch by having inside activities and clubs that students with ADHD may attend across the age range. Rituals for learning and praising students with ADHD frequently in class may help raise their general levels of self-esteem and make them less vulnerable. If possible set them up with a ‘buddy’ or peer mentor, ideally from an older class, who can help to support them especially during breaks and lunchtimes. Try to involve them proactively in games and activities with close supervision and support from conflict.</p>
<p>Social skills</p>	<p>Students with ADHD often find it difficult to make and keep friendships. This can be more of a concern to teachers and parents than even academic issues. Social skills can be difficult for students with ADHD who cannot always wait to take their turn, blurt out inappropriate comments and may be overtly antagonistic and even aggressive. The following ideas may help to improve friendships and peer relations in schools:</p> <ol style="list-style-type: none"> 1) Unstructured break time/lunch times can be tricky parts of day

	<p>unless careful thought is given to the amount of free time and groups that students with ADHD have access to. It is a good idea to create options for inside activities and clubs.</p> <ol style="list-style-type: none"> 2) Assign a student with ADHD a study buddy and/or peer mentor. Students with ADHD who have difficulties with study skills and socialisation should be assigned another student who could act as an “auxiliary organiser” in the classroom and advocate in the playground. The peer mentor could be rotated on weekly basis. 3) Educate the other students about differences in learning styles such as ADHD. All students should receive information regarding issues such as ASD and ADHD and how they affect people as part of PHSE classes. ‘Circle Time’ is also an opportunity to discuss these issues. 4) Have specific support and plans for situations such as field trips and sports, planning for these in advance will prevent situations occurring in terms of proactive supervision, groupings and activities. 5) Plan groups carefully. Students with ADHD can often do well in 1-to-1 situations so often a group of two is the best arrangement. The other common issue is that students with ADHD often appear to socialise more effectively with older and younger students rather than their peers. 6) Teach social skills. The issue of helping students recognise the need for impulse control and to listen more effectively does take time but this will pay long term dividends in the end in terms of helping to forge successful friendships.
<p>Goal setting</p>	<p>The first question to ask is whether the students actually know what needs to be done: if they do not, no other tactics to help them carry out necessary tasks will be of much use. Students need to be taught how to establish what the priorities are - this relates to goal planning and setting which is an essential part of study skills. The curriculum needs to address these issues directly rather than assuming that they will simply be picked up along the way. Teachers can model and demonstrate their own goal-setting techniques by clearly establishing and communicating the structure, nature and purpose of all that they do themselves and ask students to do.</p> <p>Many students do not set goals and establish priorities because they have not been introduced to the idea of goal setting as being a factor in their success. Goal setting is an essential part of problem solving: 'Where am I now?' and 'Where do I want to get to?'. Problem-solving methods usually start with big goals, which are translated into long-term goals and then broken down into short-term goals - that is, quite specific things that need to be done.</p>

	<p>Once students realise that goal setting is important, they should then be taught to do it. Teaching goal setting involves demonstrating it, providing plenty of opportunities for practising the skills in everyday life and giving feedback on how well goal setting has been carried out in practice. The very simple 'plan, do, review' procedure (see 'Rewards' below and see page 14) needs to be at the heart of every activity students do in school and should be repeated often so that it becomes internalised and automatic. This applies right across the spectrum of the abilities as it is just as essential, if not more so, for student having difficulties (either cognitive or emotional).</p>
<p>Rewards</p>	<p>As always, it is important to focus acknowledgement and praise precisely towards those behaviours you wish to see more of. In this case, therefore, the focus is not on attainment of the task but on the effort put into applying and using the framework of goal setting: namely, analysing the task into what needs to be done (plan), and faithfully carrying out and checking what actually is done (do) against the plan (review). It is here that the motivational aspect of behaviour is important and may explain why students are disorganised – they know what to do, how to do it and have been given practice and feedback in doing it, but the task is not done because it is not worth their while. Emotions and low-frustration tolerance can hijack us from carrying out our plans. Rewards are important in shifting the balance of long-term gains against short-term costs.</p>
<p>Passive Distractibility</p>	<p>For the passive 'daydreamer', it is especially important to uncover the need that the student is attempting to meet by not focusing on the task. Frequently such students are attempting to defend a fragile sense of self-worth: they have often experienced 'failure' and have given up trying, and so retreat into a learned helplessness. This is sometimes rooted in a view of themselves as stupid and incompetent and seeing achievement as something 'fixed' and given. The teacher needs to model the view that effort is the most important factor in classrooms rather than intelligence or cleverness. Praise and recognition should therefore be consciously directed to effort and improvement over previous performance as a result of effort. The passively distractible student needs to be challenged with a careful match between where the student is and the small next step, with excuses not accepted. The approach should certainly not reinforce the helplessness with overprotectiveness.</p>

<p>Active Distractibility</p>	<p>For the active distractible student, it is often useful to limit visual and auditory distractions as much as possible. The student needs to be explicitly involved in this process as its aim is to be helpful rather than punitive (but it may well appear to be punitive if there is no student involvement). It is useful if the student's physical location, that is the classroom, can be the least distracting possible and the size of the immediate group is smaller rather than larger, with only immediately needed materials placed on the desk or table. Clear instructions from the teacher are essential and these should be broken down into small discrete steps, avoiding 'chain' commands (namely those that contain one instruction followed by another and yet another).</p>
<p>Clear Targets</p>	<p>For the active distractible student, small precise targets need to be clearly specified, with prompts and cues to enable the student to achieve these. These prompts and cues, often very visual, are there to help the student work through a given task. Rules need to be clear especially for these students, with positive rewards directed primarily to effort in staying on a task rather than for attainment.</p>
<p>Language Use</p>	<p>Don't:</p> <ul style="list-style-type: none"> • Shout/show frustration • Lose patience • Refraining and dismissing. • Ignoring • Isolation • If they self-harm, do not ask them to stop – this only adds pressure. • Do not overload the young person with a group of staff – it will only exasperate the situation. <p>Do:</p> <ul style="list-style-type: none"> • Reassure • Empathy not sympathy • Our own attitudes about emotions and how we respond to them. • Validation and accepting. • Naming the emotion, calming. • Trust - Acceptance of your guidance – modelling. • Mirroring. • Positive reinforcement/praise – just as important for when a

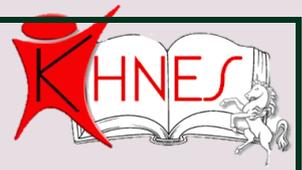
	<p>young person has done something as well as when they haven't (i.e. not had a meltdown).</p>
<p>Worry Box</p>	<p>Worry box is a small box which can be decorated with the young person. Ask the young person to write down or draw any of their worries and post them in the box. At the end of the day/week or month, the young person can sort through the box with a trusted adult and try to find solutions to solve those worries.</p>
<p>Safety</p>	<p>Safety concerns come into play when symptoms are severe Establishing and maintaining their safety and ensuring a stable school environment should take priority, especially in an acute episode when symptoms are severe.</p>
<p>Pupil Support Plan (PSP)</p>	<p>Each pupil should have a Pupil Support Plan (PSP) which should identify triggers which school staff should be aware of. If school does not provide a PSP, this then could lead to members of staff working with the student not being aware of their triggers and needs and causing significant stress to the student. The PSP should also include strategies school staff should be using with the child at all times. Risk assessment is another item which should be included in a PSP. The risk assessment should highlight the risks involved around the young person and their diagnosis. This then should be RAG rated – Red, Amber & Green. Red will indicate high risk which will mean that there are current indicators of risk present, suggesting the risk outcome could occur at any time. Amber should be indicating medium level of risk; Current indicators are present but the risk outcome is unlikely to occur unless additional risk factors intervene/arise. Green should be indicating low risk; No current significant indicators of risk.</p>

Further Reading

<https://youngminds.org.uk/find-help/conditions/adhd-and-mental-health/>

<https://www.mentalhealth.org.uk/a-to-z/a/attention-deficit-hyperactivity-disorder-adhd>

<https://childmind.org/guide/what-parents-should-know-about-adhd/>



Places to get help

YoungMinds Crisis Messenger

- Provides free, 24/7 crisis support across the UK if you are experiencing a mental health crisis
- If you need urgent help text YM to 85258
- All texts are answered by trained volunteers, with support from experienced clinical supervisors
- Texts are free from EE, O2, Vodafone, 3, Virgin Mobile, BT Mobile, GiffGaff, Tesco Mobile and Telecom Plus.

Youth Access

- www.youthaccess.org.uk
- A place for you to get advice and information about counselling in the UK, if you're aged 12-25.

ChildLine

- www.childline.org.uk
- If you're under 19 you can confidentially call, email or chat online about any problem big or small
- Freephone 24h helpline: 0800 1111
- [Sign up for a childline account](#) on the website to be able to message a counsellor anytime without using your email address
- Chat 1:1 with an [online advisor](#)